BINDING

FOR

RESERVED

MARGIN

V. S. No. 1

PLACE OF DEATH	CERTIFICATE OF DEATH
County C 4	Registration Dist. No. 2. J. 3
Village or City Slevensyelle (No. 2FULL NAME Pharles Bo	St.: Ward) (if doath occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wale But Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month)—(Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h Mulalive on Meh 2, 1932,
7 AGE Office of the property	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Jawwer (b) General nature of industry	Verebral Neworthago
Dusiness, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country)	Contributory Ch Valvula Keast discussions Secondary Duration) Jis mos de
10 NAME OF LUMCHORUM	(Signed) M. D. M.
OF FATHER (State or country) W	*State the Discase Causing Death, or, in deaths from Violent Causas, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homleidal.
of MOTHER LULTUOUR	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of deathyrsmosds. Stateyrsmosds. Where was disease contracted, if not at place of death?
(Informant) Roland Bailey	Former or usual residence
(Address) Stevensbille Med	Princh on Kintsland Inchit . 132
15 Filed Mar 3 1982 Fre De Louis Registras	20 UNDERTAKER 26. Ligg Stevensolle Ind
if more blanks are needed, address State Registrar	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very im ortant, so that the relative health. Statement of Occupation-Precise statement of oclaborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neceser," et ... worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery, (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an Civil engineer, Stationary firemen, etc. the first line will be sufficient, e. g.. Farmer or Planter, whatever, write Nonc. business, that fact may be indicated thus; Farmer (nestate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, without more precise specification as Day Compositor, Architect, Locomolive engineer, and children, Laborer--Coal mine, etc. not gainfully em-But in many Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

> approved by Committee on diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Chronie interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." causing (secondary or intercurrent) affection need not be State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. American Medical Association.) Examples: Accidental drowning; Struck by railway train-.... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; Chronie Example: Measles (disease valvular heart etc. The contributory Nomenclature of the discase;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

6

PHYSICIANS should state

stated EXACTLY. classified.

WITH UNFADING INK-THIS MARGIN RESERVED

AGE should be

supplied.

d be carefully

-WRIT mation

V. S. No. 1

properly

CAUSE OF DEATH in plain terms, so that it may be

FOR BINDING

IS A PERMANENT RECORD. Every item of infor-

of OCCUPA-

Exact statement

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13	.5	1)	17	5
-	~	0	_	17

	1. PLACE OF DEATH	940
1	County Juliu Sturk	Registration Dist. No. 23 7
/	Village or City Columbia Itali	NoSt.,Ward
		death occurred in a hospital or institution, give its NAME instead of street and number) ds. Hew long in U. S. if of foreign birth?
	2. FULL NAME Walliam Wasley	Zoww
- 3	(a) Residence: No. Church 1411	St Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OF RACE OR DIVORCED (write the ford)	21. DATE OF DEATH (Month) (Day) (Year)
	5a. II married, widowed, or divorced HUSBAND of	
	(ar) WIFE of Mary Clinatell Down	22. HEREBY CERTIFY That I attended deceased from
e.	6. DATE OF BIRTH (month, day, and year)	1 last saw h Malive on Meh 27 , 1937; death is said
icat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
certificate	78 3 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of photograms. Were as follows: Date of onset
er ce	8. Trade, profession, or particular kind of work done, as SPINNER, While the SAWYER, BOOKKEEPER, etc.	Wyspa (2000) 82/431
back	9. Industry of Dusiness in which work was done, as SILK MILL. Black land of SILK MILL.	
instructions on	SAW MILL, BANK, etc. 10. Date deceased last worked at 3/2 4/3 2 11. Total time (years) spant in this occupation (month and year) occupation (6.0)	
tion	12, BIRTHPLACE (city or town) Courtwelle	Other Contributory Courses of Importance:
ruci	(State or country) Lukyu Auk Coo Md.	192
nst	13. NAME John Wasky Bowan	A 4 0 0 1
See	14. BIRTHPLACE (city or town) Marylan 1.	Name of operation & Color Oate of
	(State or country)	What test confirmed diagnosis? Ole Was there an autopsy?
ant.	15. MAIOEN NAME Marthus ture Trusty Juany	23. Il death was due to external causes (VIOLENCE) fill In also the following:
important.	15. MAIOEN NAME Marthus time trieby Ileany 16. BIRTHPLACE (city or town). (State or country)	Accident, suicide, or homicide? Date of injury 19
imp	Again (County)	Where did injury occur? (Specify city or town, county and State)
very	17, INFORMANT (Address)	Specify Whether injuty occurred in NOUSTRY, in HOME, or in PUBLIC PLACE.
y ve	18. BURIAL, CREMATION, OR REMOVAL	Manner ol injury
N is	Place Cutter Ul Oate Mar - 27, 1932	Nature of injury (UBU)
TION	19. UNDERTAKER The H. Good	24. Was displse or injury in any way related to occupation of deceased?
Ľ	(Address) Chun Chu Hill	Il so, specify
	20. FILEO Mac. 28, 19 2 2 1/2 H 4 4 100d	(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year

6	e ,	10	(1)	1
U	U	U	J	6

1. PLACE OF DEATH	(N2)
County Luces Unne	Bed not occurry Registration Dist. No. 254
Village or City Mr. Luceuslaw	No. St Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) dsdsmosds.
2. FULL NAME Thomas Hears (200-
(a) Residence: No. M. Augustour	allahan Casta Jok
(Usual place of abode)	St., Ward. Dead To we and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 3 - 7 - 198 2 (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE OF Martha C. Greenwalt	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) May 6-1896	
7. AGE Years Months Pays If LESS than	to have occurred on the date stated above, atm.
33 1 / O ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer	
SAWYER, BOOKKEEPER, etc	find t
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Jucide-Shorting
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Baltimare	Other Contributory Causes of importance:
(State or country)	
13. NAME Thos. H. Collaban	
13. NAME Thos. H. Callahan 14. BIRTHPLACE (city or town) Tallot Ca	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Un Colizabeth Phodes 16. BIRTHPLACE (city or town) Quely anne Co.	23. If death was due to external causes (VIOLENCE) fill In also the following:
[16. BIRTHPLACE (city or town) Luce of anne Co.	Accident, suicide, or homicide? Eucle Date of injury 727, 1932
(State or country) Md	Where did Injury occur? Med Lores News, Qa Ba Med (Specify city or town, county and State)
17. INFORMANT A. C. Reynolds. (Address) Free stown - Md.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Thor heavel thew
Place Usulle Date 3 - 10-1932	Nature of injury heart with revolves.
19. UNDERTAKER Polt. W. Eddins	24. Was disease or injury In any way related to the disease of the
may 9 22 2/2 m (10) . 1	If so, specify
20. FILED / Care 10, 19.52 Stellen / 1) Wanty Register.	(Signed) M. D.

-WRITE P

M.

mation should be carefully supplied.

TION is very important.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
			1. 7.
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		A FIGURE :	

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03097
County Dulan anne's	Registration Dist. No. 254
Village or City Leasonville	No. St., Ward
Length of residence in city/or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Milliague n. Cur	estoples
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Married	21. DATE OF DEATH // (Month) (Day) (Year)
5a. If married, widowed, of divorced HUSBAND of (or) WIFE 01 6 are in 3. Christophic	22. Nov. 18 CERTIFY, That I ettended deceased from 1926, to March 14, 1932
6. DATE OF BIRTH (month, day, and year) Sest 3 - 1864	I last saw h min alive on March 13 , 1932; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to heve occurred on the dete stated above, at 5 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
O Trade contains a continue (1)	were as tollows:
kind of work done, as SPINNER, Carpeuler SAWYER, BOOKKEEPER, etc.	lugina pectoris 1926
Mork was done, es SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) This deleter, Ja	Other Contributory Causes of Importance:
	(49
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date o1
(State of Country)	What test confirmed diagnosis? Was there an autopsy? Two
15. MAIDEN NAME do not known 16. BIRTHPLACE (cily or town)	23. It deeth was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (cily or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT WM H. Oltrislable	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place (Dallo, MA Date Mar 16, 1932	Manner of Injury
19, UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased? Mo
20. FILED Mar 14, 19 32. Helen M. Ollie	(Address) Stevens ville
If more blanks are needed, address State Registrar,	411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Chronie interstitial nephritis ADR 5 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		CERTIFICATE OF DEATH 63098
1	County Oules Ques	Pagistration Diet No. 250
	The last	Registration Dist. NoSt.,Ward
	(Af	death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where deeth occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmos,ds
2	FULL NAME SIELLE OF COEF	
	(a) Residence: Np. Mary Ill Ma, (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 5	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world) If married, widowed, or divorced	21. DATE OF DEATH (Mohth) (Day) (Year)
Ja.	HUSBAND of Cor) WIFE of Prouply J. Lucy	22. I HEREBY CERTIFY. That I attended deceased from My 1, 1932, to Wy 21, 1932
6. 1	DATE OF BIRTH (month, day, end year) 79 Fleb 24 1853	I last saw han alive on Thuy of 1932 death is sai
7. 1	AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
7	8. Trade, profession, or particular	were as follows: Date of onse
0	kind of work done, as SPINNER. Auraeum	Carrier Carrier Control of the Carrier Contro
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	V
000	1D. Data dacaased last workad at this occupation (month and yaar) 11. Total time (years) spent in this occupation	
12.	BIRTHPLACE (city or town) Selware (State or country)	Dether Contributory Course of importance: auf auchia Chulelin
ER	13. NAME John Fronkum.	
FATHER	14. BIRTHPLACE (city or town) Selevare	Name of operation Date of What test confirmed diagnosis? Was thara an autopsy?
HER	15. MAIDEN NAME Ceiga Smith	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city er town) Selework;	Accident, sulcide, or homicide?
17.	INFORMANT Jusipla: V. Suel (Address) Maryall and,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL Place Place Place Place Place 1932	Manner of Injury
19.	UNDERTAKER A Stawlings' (Address) Sreinsbiro md	24. Was disease er injury in any way related to occupation of deceased?
20.	FILED. Mas 23, 1982 fame of Bush	(Signed) A Mylicalle M. (Address) Augustulia Mel
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUMPAU V.S.	1		
Other contributory causes of importance:	- Canada	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			ų.

Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement procedupATION is very important. See instructions on back of certificate. RECORD BINDING A PERM MARGIN RESERVED FOR WITH UNFADING INK---THIS IS PLAINLY WRITE

V. S. No.

PLACE OF DEATH County Choles Choles	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 253
Village or City (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
S DATE OF BIRTH (Month) (Day) (Year)	that I last saw hey alive on Her. 27, 1932
7 AGE If LESS than dayhrs. or min.?	The CAUSE OF DEATH * was as follows: Nogelsive Chalysio
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country)	Contributory Cystitis Chronica un Secondary pyllilis 3
10 NAME OF FATHER ROPERT RUSTON 11 BIRTHPLACE OF FATHER (State or country) Baltimore ma	(Signed) 1934 (Address) Stevenswite *State the Disrase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Marian Webster 13 BIRTHPLACE OF MOTHER (State or country) Baltimore Md	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs nos ds. Where was disease contracted,
(Informant) Chas Oscar Free (Address) Chester Ma	Former or usual residence
Filed May 3 1927 J. C. J. D. Registrar If more blanks are needed, address State Registrar	20 UNDERTAKER 16. W. Saratoga St. Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocer," etc., nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Collon mill; (a) Salesman. - (b) Grocery; additional line is provided for the latter statement; if cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. Housemuid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, without more precise specification as Day (b) Automobile factory. The Laborer-Coul mine, etc. Wommaterial

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Uraemia," "Weakness," etc., whon a definite disease inges, peritonaeum, etc., Careinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Hemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection new (disease important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, 10 ds. Never report mere symptoms or terminal condi-Chronie interstitial nephritis, approved as fracture of skull, American Medical Association.) Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, cause for which surgical operation was under-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Nomenclature of the cough; Chronic and consequences (e. g., sepsis valvular heart The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

V. S. No.

	(3100
1PLACE OF DEATH	STATE OF MARYLAND
County Oddles and	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Sleversull(No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Watte Stroke, WHOWED, OF DIVORCED	16 DATE OF DEATH Mourch 14, 1932 (Month) (Day) (Year)
6 DATE OF BIRTH (Write-the Word)	17 I HEREBY CERTIFY, That Pattended the despend from 1930 to Well 3, 1932
(Month) (Day) (Year)	and that death occurred on the date stated above, at 2, 30 m.
7 AGE If LESS than I dayhrs	
Byremosds. ormin.	
B OCCUPATION (a) Trade, profession or	Colculomo o
particular kind of work (b) General nature of industry	Junan
business, or establishment in which employed or (employer)	(Duration)yrsds
9 BIRTHPLACE	Contributory
(State or country) Slevensule M	(Postion)yrs)mosds
10 NAME OF POSER A TOUTER	(Signed) (Signed)
M 11 BIRTHPLACE /N	MINN 151232 (Address) Stelles Wille
Z (State or country)	*State the Discase Causing Death, or, in deaths from Violent Caus.s, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER GOLL COL	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) (State or country)	At place In the State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
I delin & Howten	Former or usual residence.
(Informant) Address) Stevensville	Sevenwello mel marel 16, 1932
0000	20 UNDERTAKER ADDRESS
Filed May 15 1982 T. C. Journes Registrar	Ho, ar Legg Stevensielle And
If more bianks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman. (b) (a) Poreman, (b) Automobile factory. The should be used only when needed. cupation is very im ortant, so that the relative health state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Nanager." "Tealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, over, Farm laborer, Foreman, For many occupations a single word or term on or At Home, and children, yrs). For persons who have no occupation without more precise specification as Day Laborer-Coal mine, etc. Womnot gainfully em-As examples : (a) (b) Gracery; material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

American Medical Association.) papproved by Committee on Nomenclature of the CK (Recommendations on statement of cause of addinus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Teurbolic acid-probably suicide. The nature of the injury, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonacum, etc., Carcinoma, Sarcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u>~</u> (3101
County Juseu Cure	Registration Dist. No. 252
Village or City he Centrevelle	No. St., Ward
(lt Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Samuel Lane	
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Nale 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Research	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of The Sauce Lave	22. I HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year) Cope 10 -1884	I last saw harm alive on war, 19 197 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11 P.m.
47 // / / l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wave as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, FRANCE, BOOKKEEPER, etc.	Careinona of
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. S Industry or business in which work was done, as SILK MILL, Jeiley the Osef SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and spend in this securation (month and spend in this spend i	the Alonand
this occupation (month and spent in this occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME So natture	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide?
17. INFORMANT Mrs Samuel Lane (Address) Centreviere med	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Piace Cuttescelle Oate March 14, 1932	Manner of injury
19. UNDERTAKER Button Bras (Address) Customies Ml	24. Wes disease reinfury in any way related to occupation of deceased?
20. FILED Mar. 14., 1932 ITTansis S. Bright Local Registrar.	(Signed) (Address) (Addres
If more blanks are needed, address State Registrar.	2411 N. Charles Street Baltimore Requesting T. S. No. s.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED UNITED STARS STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and Americau Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the disease causing death ployed, as At school or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. tired 6 yrs.). For persous who have no occupation business, that fact may be indicated thus: Farmer (re Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a should be used only when needed. the first line will be sufficient, e. g., Farmer or Planter, to report specifically the occupations of persons endefinite salary). may be entered as Housewife, House. en at home, who are engaged in the duties of the laborer, Furm laborer, Luborer-Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in incustrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, (a) Foreman, (b) Automobile factory. Civil engineer, Stationary fremen, etc. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., For many occupations a single word or term on Or prilie to each and every person, irrespective of of variou pursuits can be known. The ques-At Home, and children, not gainfully emwithout more precise specification as Day As examples: (a) The material But in many

Statement of Cause of Death—Name, first, the pisease causing death! (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." (Recommendations on state-Nomenclature of the American Medical Association.) ment of querices (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or symptomatie), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" (merely stated unless important. Example: Measles (disease Poisoncy by carbolic acid-probably suicide. The na-Examples: Aecidental drowning; taken. For VIOLENT DEATHS State MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from ehildbirth or miscarriage as ean be ascertained as the cause. rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorary), 10 ds. Never report more symptoms or terminal unqualified, is indefinite); Tuberculosis of lungs, men-State cause "Uraemia," "Weakness," etc., when a definite disease vulsions," causlug death), 29 ds.; Bronchopncumonia (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of cause of death approved by Committee on "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-Chronic valvular heart discase; Struck by railway Always qualify all "Coma," "Con-(second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 63103
1. PLACE OF DEATH	92-0
County Luce Cure	Registration Dist. No. 252
Village or City belettrevelle	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 70 yrs,mos	ds. How long in U.S. if of foreign birth?
(a) Residence: No.	St., Ward.
. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of The Marion Maloui	22. 3 LI HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jace 12 - 1861	I last saw h. 1) alive on was 9 15 . 1937; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated abova, at 13 2 a.m.
71. 28 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	former diner of
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and	the hunt.
D. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
(State or country) Maryland	Willia . Helisses
13. NAME Jaska Sau Chause	
13. NAME Justa Save Chause 14. BIRTHPLACE (city or town) (State or country)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME There Deofcer	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide?
17. INFORMANT Mrs Therey Bayles (Address) Cultivulle Mrs.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION DR REMOVAL Place Lutrescelle Date Nauel 11, 1937	Manner of injury
19. UNDERTAKER Bartons Para (Address) Contravers, Md	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Mar 11, 1932 Mauris S. Bright.	(Signed) M. D. (Address) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	APR 5 1932	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
	and the second of the second o				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH Registration Dist. No. 252 pluods Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city potown where death occurred____ How long in U.S. if of foreign birth? _____ yrs. ____ mos. ds. 2. FULL NAME ECORD. (a) Residence: No. Ward (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) 1932 (Year) PERMANEN 5a, If married, widowed, or divorced HUSBAND of ERTIFY. That I attended deceesed from (or) WIFE of E certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Days If LESS than Months to have occurred on the date stated above, at. stated 1 day hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance SI or min. were as follows: Date of onset 8. Trade, profession, or particular THIS OCCUPATION kind of work done, as SPINNER. be Jo SAWYER, BDDKKEEPER, etc Industry or business in which may back pluods work was done, es SILK MILL. SAW MILL, BANK, etc uo 10. Date deceased lest worked at 11. Total time (years) this occupation (month end spent in this that year) _____ occupation instructions ADING Other Contributory Causes of importance: 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diagnosis? _____ Wes there an autopsy?__ MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: in Accident, suicide, or homicide?______ Date of injury______ 19_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. very (Address) OF 18. BURIAL CREMATION OR REMOVA Manner of injury -WRITE S CAUSE mation KION Nature of injury 24. Wes disease or Injury in any way releted to occupation of deceased: 19. UNDERTAKER (Address) If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDIN

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:		
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUE LO V. D				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

		SI-
1		bed. E)
	WRITE PLAINLY WITH UNFADING INKTHIS IS A PERMY ENT RECORD	Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of CocuPATION is very important. See instructions on back of certificate.
0	Z	e sta
MARGIN RESERVED FOR BINDING	PERM	it may b
SR E	A	that tions
FC	S IS	s so
VED	-THI	ipplie terms e ins
SER	NK-	ly su lain t
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	PLA	300
	ITE	shou int of
	WRI	IN It
4		CIA

PLACE OF DEATH	STATE OF MARYLAND
County Queen Chine.	CERTIFICATE OF DEATH
County	94%
	Registration Dist. No. W.J.
Village or City Mullington (No	St.: Ward) (If death occurred i
	a hospital or institt tion, give its NAME in stead of street an
2FULL NAME Emma E. Pink	stead of street an number.)
-1 OLD MANIE	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, July	16 DATE OF DEATH
The la Colored WIDOWED. OR DIVORCED	16 DATE OF DEATH Murcle. 19, 1922
Hemale (Write the word)	(Month) (Day) (Year)
DATE OF BIRTH	17, I HEREBY CERTIFY, That I attended the deceased from
Sept. 16, 1930	Mar 1 1923 2 to man / 9 , 1923 2
(Nonth) (Day) (Year)	that I last saw her alive on hear 1 19 , 19235
7 AGE [If LESS than	1
I dayhrs	. The CAUSE OF DEATH * was as follows:
yrs. 6 mos. 3 ds. or min.	
BOCCUPATION	
(a) Trade, profession or particular kind of work	
(b) General nature of industry	3 wells
business, or establishment in	(Duration)yrs,mosd
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
Jundlown, 114.	(Dolation) yrsmosd
10 NAME OF FATHER OF A PINCE	(Signed) M. I
Cultos of Maring	- Mar. 21/1932 (Address) Corcumptions
OF FATHER	*State the Disease Causing Death, or, in desths from
Z (State or country) Ma.	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran
of MOTHER Elizabeth Brudley	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) Aloreda	of death yrs mos ds, State yrs dd
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
5 d 1. D. 0	Former or usual residence
(Informant) Mrs. Curtis Pinkney	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) millington, md. Rod	
(Address) / Clington / Mail 30	Tonellow, Ma. March 22, 1932
15 Filed march 22 13 2 Fr M Steep la	UNDERTAKER HO. O ADDRESS
Registrar	Solar a. Solar Joen Millington me
if more hanks are needed, addre a State Registra	r. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
lf more bianks are needed, addre a State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more prover—Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material or At Home, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Compositor, For persons who have no occupation Stationary fireman, etc. But in many and children, not gainfully em-Architect, Locomotive engineer, Salesman, (6) Grocery;

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

CELLICE

answered in detail, it will prevent further correspondence.

data is essential and must he obtained before the certificate is permanently filed.

tilanus) may be stated under the head of "contributory." If this certificate is looked over thoroughly and all questions American Medical Association.) Recommendations on statement of cause of stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approxed by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all "Uraemia, "" "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Whooping unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, accident. Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as secondary "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condiinterstitial nephritis, cough; or intercurrent) affection Chronic and consequences (e. g., sepsis, valvular heart disease; etc. The contributory need not be death

	MARYLAND-	CERTIFICATE OF DEATH USI	00
1. PLACE OF DEATH County County Au	al	Registration Dist. No. 25	1
Village or City Chilleth	Thee Suy	FORE St.	Ward
Length of residence In city or town where death of	IN/WINX	death occurred in a hospital or institution, give its NAME instead of street and nur ds. Haw long in U.S. if of foreign birth?yrsmos.	
2. FULL NAME Ague	Leven		
(a) Residence: No. Lettucce	1 Thal	St. Ward.	
	(Usual place of abode)	If nonresident give city or town and St	ate
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	4.
	R DIVORCED (write the word)		32 193
5a. If married, widowed, or divo ced HU3BAND of	1		
(or) WIFE of		22. I HEREBY CERTIFY, Thet I attended de	ceased from
6. DATE OF BIRTH (month, day, and year)	22 1932	I last saw h . Se alive on Still hoo 18, 19.	death is said
7. AGE Yeers Months	Days 1f LESS than	to have occurred on the date stated above, atm.	
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profession, or particular	10110	Sull van	Date Of Onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	1600	-	
work was done, as SILK MILL, SAW MILL, BANK, etc.			
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
O Tolico M	Hell	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	ne Cp	The state of the s	
13. NAME COLONEO Sluce	al floor	7.	
13. NAME 14. BIRTHPLACE (city or town) followers	y. Trey	Name of operation Dul Date of Date of	I/x
(State of Country)	Dapalet	What test confirmed diagnosis? Was there an aut	opsy?
15. MAIDEN NAME / Comme	26 7/11	23. If death was due to external coases (VIOLENCE) fill in also the following:	rel
16. BIRTHPLACE (city or town) (State or country)	eleves	Accident, suicide, or homicide Date of injury Date of injury Where did injury occur?	, 19
17. INFORMANT Charles Lew	ent lengy	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION OR REMOVAL	10 Mar. 22193	Manner of injury Coul	
19. UNDERTAKER The Handler (Address) Change	Hiel	24. Was disease or injury in any way related to occupation of deceased? If so, specify	THE !
20, FILED Man - 2210 3 2 W	~- H - GVIVA Registrar.	(Signet) Drugy, Dailly (Address Liebs Hill	M. I

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quesor given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, For many occupations a single word or term on Form laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material Grocery;

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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or.	A		SIA	IE OF	MAK	ILANI
infor	d n	1. PLACE O	F DEATH	. /	1	
	201	County	Luce	w/ U	nn	
item of	0	Village or C	city O	1/40	: 00.	
	0				rune	
Every	it	Length of res	dence in city or to	own where deal	th occurred	yrs
EV	statement	2. FULL NA	ME He	uky !	tock	ton
D.	tat	(a) Residen	ce: No.	/		
XECORD. Every	S				(Usual place	
EC	Exact		AL AND ST		AL PARTI	CULARS
S	<u> </u>	3. SEX	4. COLOR OR	RACE 5	OR DIVORCED	
Ch Z	-6	Male	Color	ea	Sin	igle
N E C		5a. If married, widow HUSBAND of	red, or divorcad			
O A	28	(or) WIFE of				
BINDING PERMANEN EXACTI	٠ . ا	6. DATE OF BIRTH	month day end v	mar) S.	t1-	1900
2	erly	7. AGE Yae	4	Months	Days	If LESS to
FOR IS A	properly	3	1	6	2.6	1 dey,mir
- 10	0	8. Treda, profe	ssion, or perticula	0	5 10	C'
ED HIS		NO SAWYER	vork done, as SPI BOOKKEEPER, et	NNER,	auro	TU
S 4 8	may	9. Industry or work we:	business in which done, es SILK M	ILL.		
SERV VK—T		SAW MIL	L, BANK, etc ed lest worked at		1 11 7-4-14	
SH E	40	o this occu	pation (month and			t in this
[ARGIN RE; UNFADING I	erms, so that instructions o	your) ==	(0 0	- 00:0	pation
	Se	12. BIRTHPLACE (cit (State or cour		ente	erell	<u>د</u>
MARGIN UNFADI	ns,		PD	5	na.	,
AB	ini	13. NAME 14. BIRTHPLACE	Tron	and	mit	1
M I H	plain terms, See instru	14. BIRTHPLACE (State or		120	ting	sec
	pla	C IS MAIDEN NA	42		no	

16. BIRTHPLACE (city or town)
(Stete or country)

18. BURIAL, CREMATION, OR REMOVAL

17. INFORMANT (Address)

19. UNDERTAKER (Address)

-CERTIFICATE OF DEATH

23	
Re	egistration Dist. No. 252.
No.	St Ward
(If death occurred in a hospital or institution, gi	
nosds. How long in U.S. if of foreig	n birth?ds.
Smith	
St Ward.	
II.	nonresident give city or town and State
MEDICAL CERTI	FICATE OF DEATH
21. DATE OF DEATH	0
//C	atch 27 - , 198 2 (th) (Dey) (Year)
- (Mon	(Tear)
22. I HEREBY CE	RTIFY, That I attended decessed from
, 19	, to, 19
I lest saw h alive on	; death is seld
to heve occurred on the data stated ebove	e, at 3. Q. 1. m.
The PRINCIPAL CAUSE OF DEATH end wera es follows:	
	Date of onset
- Premonon	, Intercatoris
1	
Other Contributory Causes of importence:	
Name of operetion	
	Was there an eutopsy?
23. If death wes due to externel causes (VI	OLENCE) fiil In elso the following:
Accident, suicida, or homicida?	Dete of Injury, 19
Whera did injury occur?	
Specify whether injury occurred in INDUS	ecify city or town, county and State) STRY, In HOME, or In PUBLIC PLACE.
Manner of injury	
Natura of injury	
	1
24. Was disease or injury in any way relet	eu to occupation of deceased?
If so, specify (Signed)	Frales
	Value 110 bs
(Address)	

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	beauty when				
Other contributory c	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARY

CERTIFICATE OF DEATH

Registration Dist. No. 25 (If death occurred in St.: Ward) a hospital or institu-tion, give its NAME It-stend of street and number.) I HEREBY CERTIFY, That I attended the deceased from Still Bone (Premoting (Duration) yts. NOS.

*St.te the Disease Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

DATE OF BURIAL

ADDRESS

If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from guged in domestic service for wages, as Sermant, Cook, Housemaid, etc. If the occupation has been changed er," etc., Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesenpation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Wever return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement additional line is provided for the latter statement; if nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, ctc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. person, irrespective of Locomolive engineer But in many (b) Grocery

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A it he data is essential and must be obtained before the certificate is permanently filed.

should state of OCCUPA. ECORD. Every item of infor-PHYSICIANS Exact statement mation should be carefully supplied. AGE should be stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANEN CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED PLA NLY, B.—WRITE

V. S. No. 1

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1. PLACE OF DEATH	CERTIFICATE OF DEATH 03110
County Juan and los	Registration Dist. No. 253
Village or City Class Tex ML. Length of residence in city or town where deeth occurred yrs mos	No. St., Warf death occurred in a hospital or institution, give its NAME instead of street and number) S. ds. How long in U.S. if of foreign birth?
000 70	24
	St., Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Warch (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles V. Thoruprore	22. HEREBY SERTIFY What attended deceased from the 2019
6. DATE OF BIRTH (month, day, end year)	I last saw hav elive on Mel 20 193 Z death is sa
7. AGE Years Months Days If LESS than 1 day,hrs,	to heve occurred on the date steted ebove, et 3
3 / 7 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	HoA
9. Industry or business in which	1000
work was done, es SILK MILL, SAW MILL, BANK, etc	Porotoral tuboleme
10. Date daceased last worked at this occupation (month and spent in this occupation occupation occupation	
12. BIRTHPLACE (city or town) - Luceur annes Co. Md, (Stete or country)	Other Contributory Causes of importance:
13. NAME Franklin Lewis	
13. NAME Frankly Lewis 14. BIRTHPLACE (city or town) Queen Quies Co. (State or country)	Neme of operation Date of What test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME Kato Course	23. If deeth wes due to external ceuses (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Nate Coursey 16. BIRTHPLACE (city or town) Queen Cultures Co.	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Whara did Injury occur?
17. INFORMANT Charles V. Thorupson (Address) Chester, nich.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL I	Manner of injury
Place & le ven yelle Date Mar 23, 1932	Neture of Injury.
19. UNDERTAKER J. G. Thomas (Address) Stevensville md	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 71 (av 21, 1932 7. C. Tromas Registrar.	(Signed) Address) Hereies Melitus
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore Requesting V. S. No. 2.

CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

· In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	The state of the s	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis Chronic interstitial nonheitie	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage UTT V. S.	July 5, 1927	Peritonitis	3 days ago	
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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		7		

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH Should Village or City CIANS statement 2. FULL NAME ECORD. (a) Residence: No Ward (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) BINDING 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and hear) properly 7. AGE Months If LESS than Years Days to have occurred on the date stated above, at FOR 1 day, lirs. or ____ min. were as follows 8. Trade, profession, or perticular OCCUPATION kind of work done, as SPINNER, Jo SAWYER, BOOKKEEPER, etc. may back industry or business in which should work was done, as SILK MILL SAW MILL, BANK, etc .. MARGIN RESE 10. Date deceased last worked et 11. Totel time (years) this occupetion (month and spant In this occupation .. instructions Other Coatributory Causes of importence: 12. BIRTHPLACE (city or town (State or country) FATHER 13, NAME 14. BIRTHPLACE (city or town (State or country) efully MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?____ 17. INFORMANT should (Address) OF 18. BURIAL, CREMATION, REMOVAL Manner of injury CAUSE NOIL Nature of injury 19. UNDERTAKER (Address) If so, specify 2 (Signed) Registrar. (Address)

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth? If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Day) (Year) That I attended deceased from The PRINCIPAL CAUSE OF DEATH and related causes of importence Date of onset What test confirmed diagnosis?____ 23. If death wes due to external causes (VIOLENCE) fill In also the following: Accident, sulcide, or homicide?_____ Date of injury_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 24. Was disease or injury in any way releted to occupation of deceased?

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The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
	1915	Attack of epilepsy	1 week ago	
ECHIVE	1921	Run over by street car	1 week ago	
	July 5, 1927	Peritonitis	3 days ago	
APR 4 1932				
importance:	3.	Other contributory causes of importance:		
	May 1,1923	Gastroenteritis	1 year	
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	ECBIVE APR 4 1932	: 1915 1921 July5,1927 APR 4 1932	of importance were as follows: Attack of epilepsy Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

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